


PATIENT

Lou Lou Baldwin

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

PRESENTING CLINICAL SIGNS

Originally seen at specialty ER for pericardial effusion in February. Tapped non-clotting hemorrhagic fluid. Echo showed possible small R auricular mass. Started on Yunnan Baiyao. Doing ok until recently, presented to Specialty ER 6/24/22 for seeming uncomfortable lying down. TFAST/AFAST showed PE and free fluid in Abd. ER tapped pericardial sac, 40mL sanguinous fluid. - Torbugesic IV for sedation today.

Abnormal PE/Chem/CBC/UA Results: PE: BAR, but very loud upper respiratory noise. Has lost weight since February. **becomes very pale when laying on side, did better sternally** BW (today) Hct 37%, rest of CBC/Chem WNL TFAST (6/24) pericardial effusion, fibrin suspected, feathery surface of heart but unsure what chamber. AFAST (6/24): mild-moderate amount of abdominal effusion, clear/pale when tapped. Echo with cardiologist (2/2022): did not show a definitive cause for the PE. Thickening at the tip of the R auricle appendage, mass vs. collapse from PE. Marked PE with RA and RV diastolic collapse at that time. RADS (today): mild cardiomegaly, mild interstitial pattern to cranial lung fields on lateral.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
AGE

8 Years

WEIGHT

21 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Perkins

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT		1.5	1.14	1.2	22	47	0.23
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	58	1.52	--		--	2.07	

Cardiac Presentation

The cardiac presentation revealed normal volumes with arrhythmogenic activity. Contractility was mildly subnormal. Trace pericardial effusion noted. Slight irregular tissue noted at the right auricle. The tissue is echogenic, which would suggest fat. Given the breed, fat deposit in this region is suspected. Pericardial effusion may be idiopathic. Trivial tricuspid insufficiency noted. Occasional comet tail lung pattern also noted/B-lines. No hepatic vein dilation present.

PRIMARY FINDINGS

- Minor pericardial effusion with arrhythmogenic activity and echogenic tissue at the right auricle (possible fat or fibrotic tissue), not overtly neoplastic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG warranted in this patient. Chest CT would be ideal to assess the regions around the heart for concurrent pathology. Idiopathic pericardial effusion suspected. Occult low-grade neoplasia possible,

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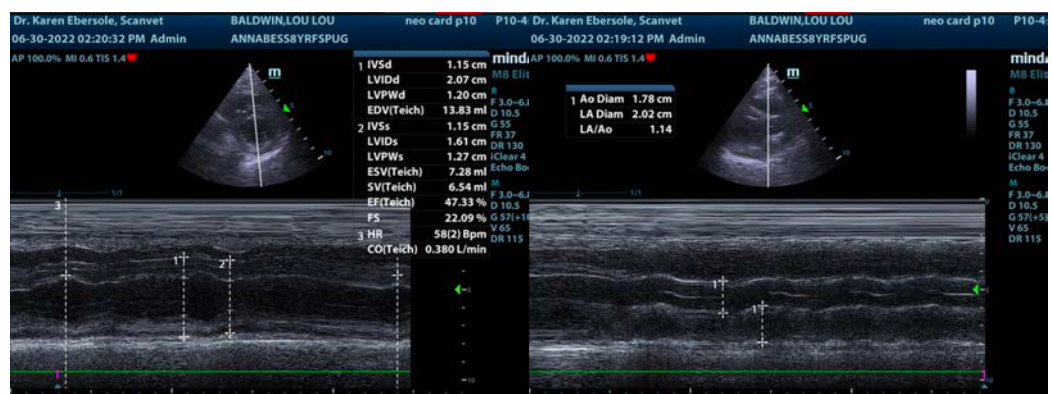
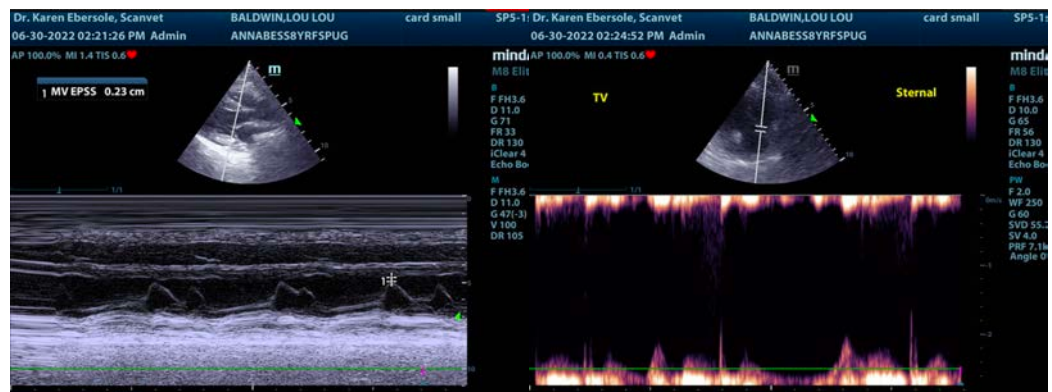
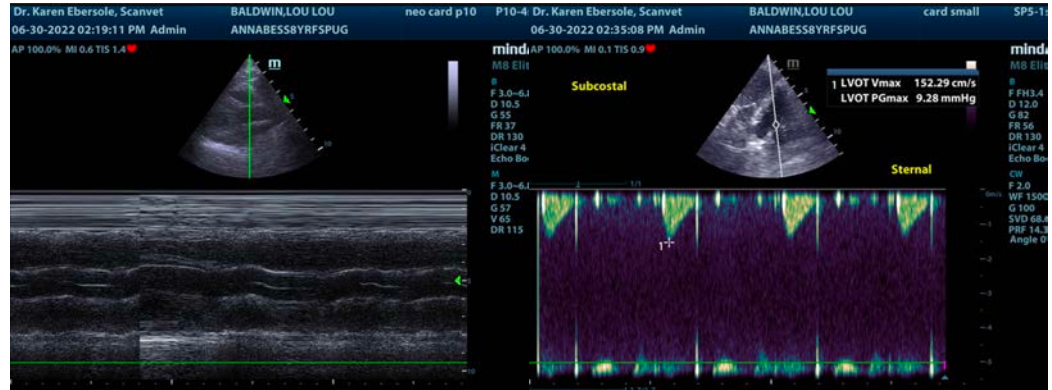
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yet no obvious masses other than the irregular tissue at the right auricle, which should be monitored. Typically masses in this region are hypoechoic. Given that there is hyperechogenicity, and given the breed predisposition for fat deposit and echogenic remodeling of this area, I'm fairly confident this region is simple connective tissue and fat deposit. The pericardial effusion is not causing any cardiac dysfunction at this time. However, arrhythmogenic activity appears to be present. EKG +/- holter monitor indicated.





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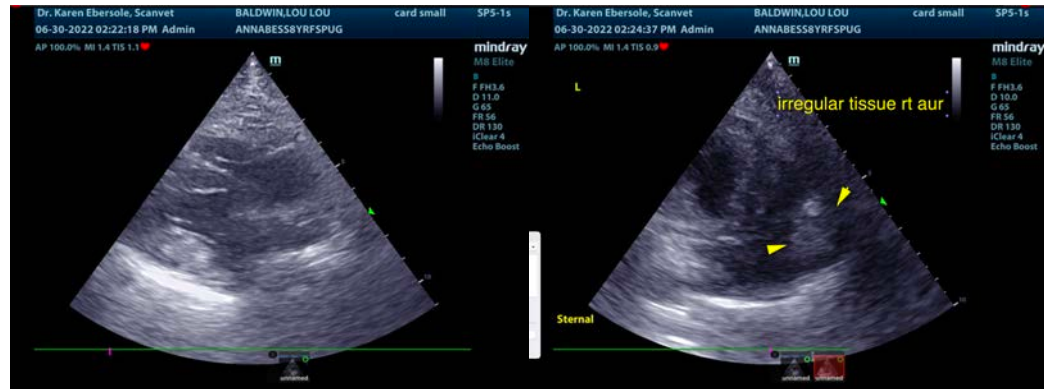
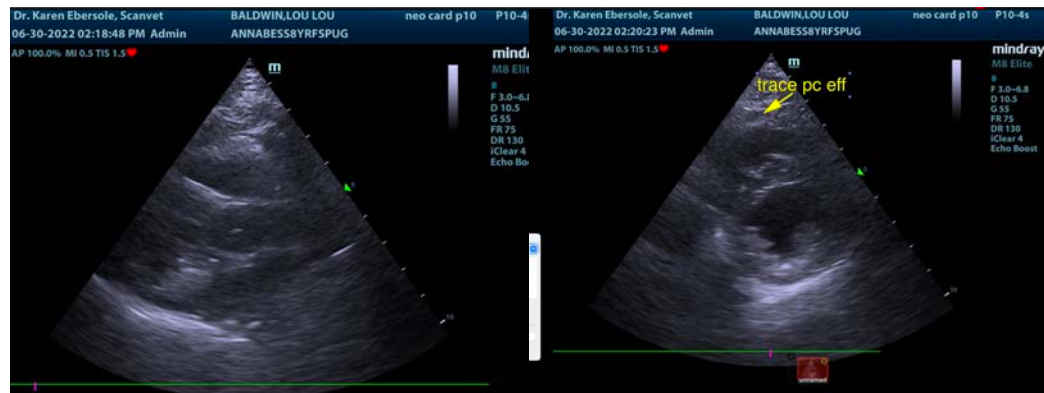
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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info@SonoPath.com

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